



DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
2300 E STREET NW
WASHINGTON DC 20372-5300

IN REPLY REFER TO
BUMEDINST 3500.4
BUMED-M3F3
30 Sep 2002

BUMED INSTRUCTION 3500.4

From: Chief, Bureau of Medicine and Surgery
To: Stations Having Medical Department Personnel

Subj: FLEET HOSPITAL (FH) PROGRAM AND TRAINING STRATEGY

Ref: (a) OPNAVINST 3501.176B
(b) NTTP 4-02.4
(c) Memorandum of Understanding between the Chief, Bureau of Medicine and Surgery, the Commander, Naval Reserve Force and the Commander, Naval Surface Reserve Force of 5 Nov 2000 (NOTAL)
(d) BUMEDINST 1001.4
(e) BUMEDINST 6440.5B
(f) DODINST 1322.24 of 12 Jul 2002

Encl: (1) Acronyms
(2) Core Breakdown and Fleet Hospital Training Core
(3) Operational Readiness Evaluation Phase Checklist and Fleet Hospital Functional Area Evaluation

1. Purpose. The Fleet Hospital's (FH) primary mission is to provide a standardized, modular, flexible ashore combat medical and dental service capability. Through the direction of Chief of Naval Operations (N093), with implementation by the Bureau of Medicine and Surgery (BUMED), the FH Program was established. This instruction provides policy, direction, and guidance for the manpower and training strategy of the FH Program, both Active and Reserve. Enclosure (1) lists the acronyms used in this directive.

2. Background

a. The Navy FH Program was developed to provide comprehensive medical support to the Fleet and Fleet Marine Forces engaged in combat operations. The FHs have the capability for deployment in support of operational forces with the ability to treat casualties in conventional, non-conventional, or military operations other than war (MOOTW) scenarios. Reference (a) provides details of the required operational capabilities (ROC) and projected operational environment (POE) for the platform.

b. Current FH assets encompass 10 hospitals totaling 5,000 beds. FH equipment and supplies are pre-positioned throughout the world ready for activation when needed. References (a) and (b) provide detailed planning data and logistic characteristics. The personnel staffing the six active duty FH platforms are sourced from Continental United States (CONUS) medical treatment facilities (MTFs) with six CONUS MTFs being designated as "parent" MTFs: Portsmouth, Camp Pendleton, Jacksonville, Bremerton, Camp Lejeune, and Pensacola. Reserve

FHs are Great Lakes, Dallas, Fort Dix, and Minneapolis. Each FH has two construction battalion units (CBUs) and an augment of 20 additional Seabees assigned to provide public works support for their deployed FH. Although not geographically located with the MTF or Reserve units, these CBUs are considered to be part of the individual FH platforms.

c. Effective 5 November 2000, per reference (c), operational control (OPCON) of the Naval Reserve Fleet Hospitals (NRFHs) was transferred from Commander, Naval Surface Reserve Force to BUMED to implement total force integration. The Medical Reserve Utilization Program (MEDRUP) is BUMED's plan to implement the "One Navy Medicine" requirement in reference (d).

3. Applicability. This instruction applies fully to Active and Reserve FHs.

4. Areas of Responsibility

a. The Navy Surgeon General is also the Chief of Naval Operations resource sponsor, N093, establishing policy, directing overall program definition, resource allocation, and all program requirements based on doctrine established by the Navy Warfare Development Command.

b. BUMED (M3F3), Current Operations and Platform Readiness Division executes the policies and requirements for the FH platforms. As the single FH platform manager, BUMED (M3F3) provides guidance, organization, and coordination of all matters pertaining to the manpower or training components for the FH, Active and Reserve.

c. Naval Medical Logistics Command (NAVMEDLOGCOM), (BUMED (M4)), Fleet Hospital Program Office (PML-500) is the FH program manager for all elements of equipment and supplies, design, procurement, storage, maintenance, or utilization of the pre-positioned FH materials. Deployable medical system (DEPMEDS) training equipment at the local MTF sites belong to the MTF and the training set equipment utilized for FH field training at the Fleet Hospital Operations and Training Center (FLEHOSPOTC) belongs to FLEHOSPOTC.

d. Naval Operational Medicine Institute (NAVOPMEDINST), Operational Readiness Training Programs Division, ensures the availability and frequency of appropriate operational training courses for personnel assigned to the FH platform. NAVOPMEDINST provides curriculum oversight for FH training courses.

e. FLEHOSPOTC Camp Pendleton reports to NAVOPMEDINST and is the primary training activity for all FH courses. FLEHOSPOTC provides training for medical and non-medical personnel (Active and Reserve) assigned to the FH platforms. NAVOPMEDINST/FLEHOSPOTC establishes the class schedules and quotas for training FH personnel. FLEHOSPOTC currently maintains a Web site, <https://fhoc.med.navy.mil>, which posts training schedule information. FLEHOSPOTC will manage funding to support:

(1) Expenses of the FLEHOSPOTC instructors for any training exported to parent MTFs, Reserve headquarters, detachments, and CBUs.

(2) Expenses for active duty students in specialty area training courses.

(3) Expenses for all students provided by the supporting CBUs. FLEHOSPOTC will manage funding and assist with support problems associated with the naval construction brigades. The sourcing MTF is responsible to fund FH platform personnel participation in fleet hospital field training (FHFT). Funding for Reserve component participation in any portion of FH training will be budgeted for and submitted as annual training (AT), inactive duty training (IDT), inactive duty training travel (IDTT), or additional duty training (ADT) procedures. FLEHOSPOTC is the executive agent for the operational readiness evaluation (ORE) and funds active duty FH member participation in the ORE.

5. FH Command Organization

a. Each FH is organized with a command element constituted by the commanding officer (CO), executive officer (XO), and other administrative directors and department heads. Headquarters MTFs or Reserve commands provide administrative coordination and support to the FH command element. Remaining FH staff personnel are distributed throughout a geographic region and organized in component unit identification codes per reference (e) or detachments per reference (d). Each headquarters MTF is responsible for the management, direction, and readiness status of the entire FH command including the personnel located at the supporting commands.

b. Active duty FH COs and XOs are appointed by Chief, BUMED. The FH immediate superior in command (ISIC) is BUMED. NRFHs refer to reference (d) for details on the fitness report responsibilities of the headquarters and detachments.

c. The FH CO is responsible for maintaining the overall readiness of the platform. The FH CO will ensure that personnel assigned to the FH platform complete the minimum training requirements listed in references (e) and (f). The CO must ensure that each class sent for FHFT and each platform sent for ORE contains the requisite number of personnel of the requisite skills mix. The FH CO is responsible for initiating and coordinating ongoing communication with the assigned CBU and their officers in charge (OICs). The FH CO is responsible for coordinating Seabee student support for FHFT and ORE with the CBU OIC. Each FH CO will monitor and report the training status of assigned FH units to BUMED (M3F3).

d. The FH staff is further divided into a "core" and a "full complement." The "core" consists of the essential personnel necessary to establish a command element and are responsible for training the remaining members of the FH complement in constructing a working FH base operating facility and establishing an echelon 3 MTF. A detailed listing of "core" personnel is included in enclosure (2). All remaining staff not assigned to the "core" constitute the "full complement" staff.

6. Training Strategy, Requirements, and Training Exercise Employment Plan (TEEP)

a. The Active and Reserve FHs will complete the same Fleet Hospital Indoctrination and Orientation (FH I&O) and FHFT training requirements, per references (d) through (f). Additional specific training requirements for the FH platform and specific FH billets are listed in appendix E of reference (e).

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b. According to the ROC/POE for FH, reference (a), FH personnel shall receive training in:

- (1) Pre-mobilization, mobilization, and demobilization aspects of FH deployment.
- (2) Command and control of the hospital platform in the advance base functional component (ABFC) environment in the combat zone.
- (3) Assembly, activation, operations, maintenance, disassembly, and pack-up.
- (4) Communications with higher headquarters and adjacent units and receipt of patients from all modes of patient evacuation systems (e.g., delivery of patients by ambulance, rotary and fixed wing, and other transportation assets of the military medical evacuation system).
- (5) Casualty care and aeromedical evacuation training.
- (6) Environmental and occupational safety in the operational FH.
- (7) Familiarization training on DEPMEDS equipment sets.
- (8) Familiarization training in security procedures, weapons handling, and personal defense protective measures.
- (9) FH operations in all weather conditions as projected by existing operational plan (OPLAN) scenarios.
- (10) FH operations in a non-conventional wartime scenario.
- (11) FH operations under MOOTW conditions.
- (12) Supply and logistic functions needed to maintain and sustain FH operational capabilities.

Note: These requirements can be met through the required FHFT course for "core" personnel offered by FLEHOSPOTC. The "core" personnel are responsible for teaching the remaining FH "full complement" members.

c. Per reference (e), all FH staff are required to complete FH I&O on a one-time basis. FH I&O training is provided at the local MTF, Reserve headquarters detachments, CBU's, and video-teletraining by FLEHOSPOTC. This training shall address the functional training elements of:

- (1) FH mission and capabilities.
- (2) FH assembly.
- (3) Public works.

- (4) Radio communications.
- (5) TEMPER tents (cold/hot weather modifications).
- (6) FH security.
- (7) Field compound sanitation.
- (8) Law of armed conflict.
- (9) Terrorism.
- (10) Uniform Regulations.
- (11) Aeromedical evacuation.
- (12) Triage and patient flow.
- (13) FHFT orientation.
- (14) Staying healthy on deployment.

Note: The FH I&O course (B-300-2405) is considered a prerequisite to FHFT.

d. Per reference (e), all FH core personnel are required to attend FHFT a minimum of once every 3 years. This training provides:

- (1) Integrated exercises in command and control (C2).
- (2) Public works and advance base camp functions.
- (3) Administrative functions.
- (4) Patient administration.
- (5) Medical evacuation functions.
- (6) Combat medical operations.
- (7) Security training.

Note: The Fleet Hospital Field Training Course (B-300-2404) is an 8-day course conducted at FLEHOSPOTC.

e. In addition, FLEHOSPOTC offers specialty area training courses, which provide specific training for select ratings and skills within the FH. Quotas for these courses must be obtained

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directly from the FLEHOSPOTC training officer at least 30 days prior to the convening dates. Funding for the active duty students is provided by FLEHOSPOTC. The courses are conducted at FLEHOSPOTC and include:

(1) Oxygen Generator Training B-300-2409 - Biomedical Equipment Technician (BMET) and Utilitiesman (UT) rates.

(2) Communications Van Training B-300-2408 - Interior Communications (IC), Electronics Technician (ET), and Information Systems Technician (IT) rates.

f. FLEHOSPOTC is responsible for providing the annual schedule for indoctrination and orientation training, field training, specialty area training, and OREs in their annual TEEP. FLEHOSPOTC will distribute, by January of the current fiscal year, a projected TEEP for the two upcoming fiscal years. Each FH CO is required to submit to the FLEHOSPOTC training officer a request for training dates as the readiness status of the platform dictates, prior to 30 September of the preceding fiscal year. Modifications to the FLEHOSPOTC training/ORE schedule after 1 October of the current fiscal year require the approval of the Deputy Chief BUMED, Fleet Operations Support Division, BUMED (M3F).

g. Reserve FH personnel may meet their requirement for 12 days AT by conducting 4 days of "just-in-time" training followed by the 8-day FHFT course. Reserves conduct and schedule "just-in-time" training at FLEHOSPOTC. On a rotational basis, one Reserve FH, consisting of the core personnel, will be designated to do an FHFT each fiscal year. After completion of the FHFT, the designated Reserve FH will be assigned to participate in the fiscal year medical readiness training exercises (MEDRETES), other exercises, and contingency operations as deemed necessary. The other Reserve FHs will have the option of acquiring training elsewhere, (MTFs, active duty training sets) until such time as they become the designated Reserve FH.

h. DEPMEDS equipment is available at the parent MTFs for FHs Bremerton, Camp Lejeune, Pensacola, Camp Pendleton, and Portsmouth. These provide an additional opportunity for FH assigned personnel to become familiar with elements of the FH platform. Training evolutions with the local DEPMEDS equipment sets are conducted at the discretion of FH COs. Training with local DEPMEDS sets is not a substitute for core staff training requirements. Reserve FH personnel may train on the DEPMEDS sets through coordination with the Active FH CO.

7. ORE

a. Concept. The ORE is a performance indicator that provides the mechanism to evaluate an FH's readiness to deploy and perform its assigned mission as stated in reference (a). FLEHOSPOTC is the executive agent for the ORE, and funds active duty FH member participation in the ORE. Each Active FH CO, will ensure that their FH staff receives the required field training prior to their scheduled ORE. The ORE will evaluate the "core" staff of each FH. FH personnel will be evaluated as an integral unit. Members of another FH are not permitted to participate in the ORE of the FH being evaluated. The Reserves will not participate in an ORE. In the event a Reserve FH were to be deployed, they would attend FLEHOSPOTC to do "just-in-time" training prior to deployment.

b. The ORE is an 8-day simulated deployment. The evaluation will address the elements listed in enclosure (3) and will assess competency in five essential aspects of FH operations:

- (1) Command, Control, Communications, and Intelligence.
- (2) Awareness of strategic and operational concepts of the ORE scenario.
- (3) Erecting and equipping the FLEHOSPOTC training set.
- (4) Demonstrating knowledge of the set up and operation of various equipment items (medical and non-medical).
- (5) Security operations, marshalling operations, patient handling, and patient movement and redeployment of the FH platform.

Note: FLEHOSPOTC will make every effort to address areas of deficiency noted on the ORE with remedial training on site during the ORE. FHs successfully executing actual contingency deployments may have the requirement for an ORE waived at the discretion of the FH ISIC.

c. OREs will be scheduled by FLEHOSPOTC according to the FH tiered readiness schedule and is promulgated on the FH TEEP. Modification or cancellation of scheduled OREs, requires approval of the Deputy Chief BUMED, Fleet Operations Support Division, BUMED (M3F) via CO NAVOPMEDINST and OIC FLEHOSPOTC. Thirty-five days prior to the ORE, FLEHOSPOTC will generate communication with the scheduled FH in the form of a warning order. This will be subsequently followed by an operations order (OpOrder). The evaluation process starts with this initial communication to the hospital and the predeployment process. The evaluation process continues throughout the completion of the ORE field evaluation at FLEHOSPOTC. The Director, Current Operations and Platform Readiness, BUMED (M3F3), will receive a copy of all warning orders and OpOrders for the ORE.

d. The ORE evaluation team leader will submit a report to BUMED (M3F) via the CO NAVOPMEDINST and to OIC FH within 10 days of completing the ORE. All elements of the evaluation process are to be addressed therein. BUMED (M3F) will evaluate and document all assessments, and report to N093 on the FHs readiness to deploy. An FH will be designated either as fully mission capable (FMC); mission capable (some noted shortcomings, but not to prevent the process of receiving, treating, and handling casualties); and non-mission capable (significant weaknesses to prevent operational capability). FHs that are evaluated as FMC or mission capable will be deemed to have successfully completed the ORE and awarded a certificate from BUMED (M3F). The certificate will signify primary availability for deployment under the tiered readiness plan for a period of 1 year. In cases in which an ORE results in a non-mission capable assessment, BUMED (M3F)/NAVOPMEDINST will determine the training required to remediate area(s) of noted weakness. Upon demonstrating proficiency in the area(s) of noted weakness, the FH will receive a completion certificate. The CO of an FH undergoing the ORE will submit a post-deployment critique to BUMED (M3F), via OIC FLEHOSPOTC within 10 working days.

8. FH Tiered Readiness. The FH tiered readiness schedule is based on the Timed Phased Force Deployment Document (TPFDD) schedule.

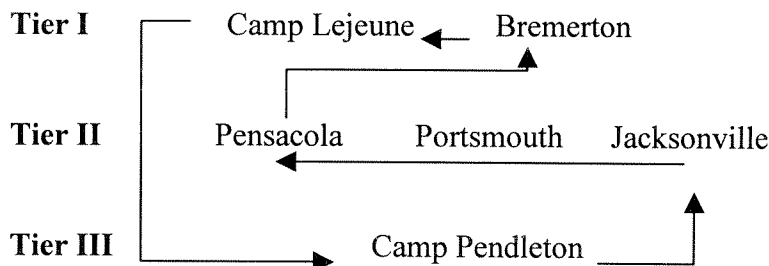
a. Tier I. Tier I forces are those forward deployed or capable of mobilizing within 10 days and maintaining 80 percent of all billets filled and 85 percent core personnel trained at FHFT. Entry into Tier I requires successful completion of the ORE within the past 12 months. Tier I status requires an overall contingency status of C-1 as defined in reference (e). The Active component must maintain two FHs in Tier I. Duration of this "ready" status is for 1 year. After the completion of the year at Tier I, the FHs then rotate to a reduced readiness status, Tier III, and re-enter the training and ORE cycle.

b. Tier II. Ready to deploy in 60 days. "C" status must be maintained with 75 percent of all billets filled, 70 percent of core personnel trained at FHFT. While in Tier II, each FH will continue training in preparation for the ORE.

c. Tier III. Ready to deploy within 180 days. "C" status is 65 percent or less of billets filled and 55 percent core personnel trained at FHFT. While in Tier III, each FH will continue training in preparation for the ORE.

d. Movement Between Tiers. Movement of FHs between tiers is staggered at 6-month intervals and is driven by displacement of the senior Tier I FH, with the FH having most recently completed its ORE.

The following diagram illustrates the FHs in the tiered readiness state. The hospitals are notional.



e. Reserve Fleet Hospitals. The Reserve FHs will be considered to be in a Tier III status for deployment planning. Their rotation plan, refer to paragraph 6g, will provide personnel with increased flexibility to respond to missions appropriate to the Reserve components and also provide a cadre of personnel with the training appropriate for other support roles in Navy Medicine.

9. Readiness Reporting. Per reference (e), Active duty FHs are required to report readiness on a monthly basis to BUMED (M3F3). The Reserve FHs are required to report readiness via Status of Resources and Training System (SORTS). Addressee on readiness reporting message should read only: BUMED (M3F/M3F3).

10. Forms. NAVMED 6240/1 (Rev. 12/97), Food Establishment Inspection Report, is available electronically at: <http://navymedicine.med.navy.mil/instructions/external/6240=1.pdf>.


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Vice Chief

Available at: <http://navymedicine.med.navy.mil/instructions/external/external.htm>

ACRONYMS

ABFC	Advance base functional component
ADT	Additional duty training
AT	Annual training
BUMED	Bureau of Medicine and Surgery
C2	Command and control
CBUs	Construction battalion units
CO	Commanding officer
CONUS	Continental United States
DEPMEDS	Deployable medical system
FH	Fleet hospital
FHFT	Fleet hospital field training
FH I&O	Fleet Hospital Indoctrination and Orientation
FLEHOSPOTC	Fleet Hospital Operations and Training Center
FMC	Fully mission capable
IDT	Inactive duty training
IDTT	Inactive duty training travel
ISIC	Immediate superior in command
MEDRETES	Medical readiness training exercises
MEDRUP	Medical Reserve Utilization Program
MOOTW	Military operations other than war
MTF	Medical treatment facility
NAVMEDLOGCOM	Naval Medical Logistics Command
NAVOPMEDINST	Naval Operational Medicine Institute
NRFH	Naval Reserve Fleet Hospital
OIC	Officer in charge
OPCON	Operational control
OPLAN	Operational plan
OpOrder	Operations order
ORE	Operational readiness evaluation
POE	Projected operational environment
ROC	Required operational capabilities
SORTS	Status of Resources and Training System
TEEP	Training Exercise Employment Plan
TPFDD	Timed Phased Force Deployment Document
XO	Executive officer

CORE BREAKDOWN

	<u>Old Core</u>	<u>New Core</u>	<u># Added/Deleted</u>
CO, XO, CMC	3	3	No changes
MEDICAL			
2100s	49	21	28 deleted
2200s	4	2	2 deleted
2300s	24	12	12 deleted
2900s	43	34	9 deleted
HMs	80	109	29 added
DTs	2	2	No changes
NON-MEDICAL	50	49	1 deleted
SEABEES	46	50	4 added
TOTAL	301	282	4 Added/ 19 Deleted

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BSC Range	Title	Rank/Rate	Designator	Subspecialty/ NEC
COMMAND ELEMENT				
00105	CO	CAPT	2000	1806
00110	XO	CAPT	2000	1806
00115	CMC	POCM		9580
00705	Admin - DFA	CAPT	2300	1800
10501	DNS	CAPT	2900	1901
19805	DMS Int Med	CAPT	2100	
26905	DSS/ Surg	CAPT	2100	
31805	Chaplain DH	CDR	4100	
31925	Radi Diag/DAS	CAPT	2100	
ADMIN				
00725	POMI	LT	2300	1805
00910	DISB	DKC		2905
00915 - 00930	DISB	DK		2905
01205	Manpwr	CDR	2300	0033
01210	Pers	PNC		
01215 - 01235	Pers	PN		
01245	Yeoman	YN1		
01250-01255	Yeoman	YN		
03105 - 03110	Pt Admin	LT	2300	1801
03115 - 03120	Pt Admin	HMC		0000
03125	Pt Admin	HM1		0000
03130 - 03141	Pt Admin	HM1		
03145 - 03160	Pt Admin	HM2		
03145 - 03160	Pt Admin	HM2		
03165 - 03210	Pt Admin	HM3		
03165 - 03210	Pt Admin	HM3		
03165 - 03210	Pt Admin	HM3		
03165 - 03210	Pt Admin	HM3		
31815 - 31820	RP	RP		
PUBLIC WORKS				
01601 - 01602	CEC	LT/LTJG	5100	
01607	Builder	BUC		6021
01610	Builder	BU1		5907
01612	Builder	BU2		

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BSC Range	Title	Rank/Rate	Designator	Subspecialty/ NEC
01614 - 01624	Builder	BU3		
01614 - 01624	Builder	BU3		
01614 - 01624	Builder	BU3		
01626	Builder	BUCN		
01628	Builder	BUCN		
01630	Builder	BUCN		
01632	Builder	BUCN		
01634	Builder	BUCN		
01636	Builder	BUCN		
01640 - 01642	Const Electrician	CE1		5635
01644 - 01650	Const Electrician	CE2		
01654 - 01654	Const Electrician	CE3		
01656 - 01668	Const Electrician	CECN		
01656 - 01668	Const Electrician	CECN		
01656 - 01668	Const Electrician	CECN		
01656 - 01668	Const Electrician	CECN		
01672	Const Mechanic	CM1		5805
01674	Const Mechanic	CM1		5805
01676 - 01686	Const Mechanic	CM2		
01676 - 01686	Const Mechanic	CM2		
01688 - 01694	Const Mechanic	CM3		
01688 - 01694	Const Mechanic	CM3		
01688 - 01694	Const Mechanic	CM3		
01696 - 01708	Const Mechanic	CMCN		
01696 - 01708	Const Mechanic	CMCN		
01710 - 01716	Engineering Aid	EA2/EA3		5503
01722	Equip Operator	EO1		
01724	Equip Operator	EO1		5710
01728 - 01736	Equip Operator	EO2		
01728 - 01736	Equip Operator	EO2		
01728 - 01736	Equip Operator	EO2		5710
01728 - 01736	Equip Operator	EO2		5710
01738 - 01742	Equip Operator	EO3		
01738 - 01742	Equip Operator	EO3		
01744 - 01754	Equip Operator	EOCN		

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BSC Range	Title	Rank/Rate	Designator	Subspecialty/ NEC
01744 - 01754	Equip Operator	EOCN		
01756 - 01766	Steel Worker	SW		
01768	PW Chief	UCCM		
01772 - 01774	Utilitiesman	UT1		6104/6105
01776	Utilitiesman	UT2		6104
01778	Utilitiesman	UT2		6105
01780	Utilitiesman	UT2		6105
01782	Utilitiesman	UT3		
01784 - 01792	Utilitiesman	UTCN		
01784 - 01792	Utilitiesman	UTCN		
01784 - 01792	Utilitiesman	UTCN		
COMMUNICATIONS				
05205	Op Man	CDR	2300	1800
05210	Comm	LT	6190	
05215 - 05220	Elec/Comm Maintenance	ET2/ET3		1420
05225	Com Tech	ET1		1447
00745	Comp Sys/DBMS	RM1		2750
05230	Comm Maintainer	RM2		
05235	Radioman	RM3		
05240	Radioman	RM3		
05245	Com Chief	RMC		2319
05250	Comm Sys Tech Ctrl Op	RM1		2318
05265	Broad Cast	IC1		4747
SECURITY				
05255 - 05260	Small Arms	GM1/GM2		0812
05275	MAA	MAC		
05280	MAA	MA1		
05285	MAA	MA1		
05290 - 05305	MAA	MA2		
05290 - 05305	MAA	MA2		
05310 - 05465	Hospitalman	HN		
05310 - 05465	Hospitalman	HN		
05310 - 05465	Hospitalman	HN		
05310 - 05465	Hospitalman	HN		
05310 - 05465	Hospitalman	HN		

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05310 - 05465	Hospitalman	HN		
05310 - 05465	Hospitalman	HN		
05310 - 05465	Hospitalman	HN		
05310 - 05465	Hospitalman	HN		
05310 - 05465	Hospitalman	HN		
MATERIALS MANAGEMENT				
05901 or 05965	Sup DH	LCDR/CDR	3100/2300	/0032
05902	Supp Gen	LT	2300	1802
05903 - 05909	HM - Medical Supply	HM		
05910	BioMed	HMC		8478
05911 - 05913	BioMed	HM1		8478
05914 - 05916	BioMed	HM2		8478
5917 - 05918 or 05970	Sup/Fin	SKCS/SKC		2820
05919 - 05921	Store Keep	SK1		
05922 - 05925	Store Keep	SK2		
05922 - 05925	Store Keep	SK2		
05926 - 05933	Store Keep	SK3/SKSN		
05926 - 05933	Store Keep	SK3/SKSN		
05934 - 05939	Post Clk	PC		
07205 or 07206	Food Svc or Dietitian	LCDR/LT	3100/2300	/1876
07207	Mess Mgt	MSC		
07208 - 07211	Mess Mgt	MS1		
07212 - 07219	Mess Mgt	MS2		
07212 - 07219	Mess Mgt	MS2		
07212 - 07219	Mess Mgt	MS2		
07220 - 07233	Mess Mgt	MS3		
07220 - 07233	Mess Mgt	MS3		
07220 - 07233	Mess Mgt	MS3		
07220 - 07233	Mess Mgt	MS3		
07220 - 07233	Mess Mgt	MS3		
07234 - 07280	Mess Mgt	MSSN		
07310	Ships Svc	SH1		3111
07315 - 07325	Ships Svc	SH2		
07315 - 07325	Ships Svc	SH2		
07330 - 07345	Barber	SH2		3122
07350 - 07390	Ships Svc	SH3/SHSN		

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ACUTE CARE WARD				
11002 - 11009	Nurs DivO	LCDR	2900	1910
11002 - 11009	Nurs DivO	LCDR	2900	1910
11011 - 11023	Staf Nurs	LT	2900	1910
11011 - 11023	Staf Nurs	LT	2900	1910
11011 - 11023	Staf Nurs	LT	2900	1910
11011 - 11023	Staf Nurs	LT	2900	1910
11011 - 11023	Staf Nurs	LT	2900	1910
11024 - 11037	Staf Nurs	LTJG	2900	1900
11024 - 11037	Staf Nurs	LTJG	2900	1900
11024 - 11037	Staf Nurs	LTJG	2900	1900
11024 - 11037	Staf Nurs	LTJG	2900	1900
11040 - 11047	Psych Tech	HM3/HN	2900	1900
11048	HM	HM1		8485
11049 - 11053	HM	HM2		
11049 - 11053	HM	HM2		
11054 - 11065	HM	HM3		
11054 - 11065	HM	HM3		
11054 - 11065	HM	HM3		
11054 - 11065	HM	HM3		
11066 - 11095	HM	HN		
11066 - 11095	HM	HN		
11066 - 11095	HM	HN		
11066 - 11095	HM	HN		
11066 - 11095	HM	HN		
11066 - 11095	HM	HN		
11066 - 11095	HM	HN		
19902 - 19904	Internist	LCDR/LT	2100	
19921 - 19923	Fam Prac	CDR/LCDR/LT	2100	
SPECIALTY TREATMENT				
11098 - 11204	Nurs DivO	LCDR	2900	1910
11206 - 11212	Staf Nurs	LT	2900	1910
11206 - 11212	Staf Nurs	LT	2900	1910
11213 - 11226	Staf Nurs	LTJG	2900	1900
11213 - 11226	Staf Nurs	LTJG	2900	1900
11039	Psych Tech	HM2		8485

FLEET HOSPITAL TRAINING CORE

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BSC Range	Title	Rank/Rate	Designator	Subspecialty/ NEC
11230 - 11235	HM	HM2		
11230 - 11235	HM	HM2		
11236 - 11249	HM	HM3		
11236 - 11249	HM	HM3		
11250 - 11284	HM	HN		
11250 - 11284	HM	HN		
11250 - 11284	HM	HN		
11250 - 11284	HM	HN		
19926 - 19927	PA	LCDR/LT	2300	1893
19928 - 19929	Nurs Prac	CDR/LCDR	2900	1976
27835	Podia	LCDR	2300	1892
27846 or 27846	Cast Tech	HM2		8489
27845, 27850 - 27860	Cast Tech	HM3		8489
28555	OB/GYN DH	CDR	2100	
28560 - 28565	HM	HM2/HM3		
29305 - 29315	Ophthal or Optometrist	CDR/LCDR	2100/2300	
29320 - 29330	Ocular Tech or Optician	HM2/HM3		8445/8463
30055	Urologist DH	CDR	2100	
30430	ENT DH	CDR	2100	
ICU/RECOVERY				
11306 - 11309	CC Nurs DO	LCDR	2900	1960
11311 - 11358	CC Nurs	LT	2900	1960
11311 - 11358	CC Nurs	LT	2900	1960
11311 - 11358	CC Nurs	LT	2900	1960
11311 - 11358	CC Nurs	LT	2900	1960
11361 - 11364	HM	HM2		
11365 - 11380	HM	HM3		
11365 - 11380	HM	HM3		
11365 - 11380	HM	HM3		
11365 - 11380	HM	HM3		
11381 - 11438	HM	HN		
11381 - 11438	HM	HN		
11381 - 11438	HM	HN		
11381 - 11438	HM	HN		
19905 - 19908	Int Med CC	LCDR/LT	2100	

FLEET HOSPITAL TRAINING CORE

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BSC Range	Title	Rank/Rate	Designator	Subspecialty/ NEC
19909 - 19910	Cardio	CDR/LCDR	2100	
19940 - 19943	Resp Tech	HM1/HM2		8541
19944 - 19947	Resp Tech	HM3		8541
SURGICAL SUITE (OR/CSR)				
18005	Periop N DH	CDR	2900	1950
18010 - 18015	Periop Nurs	LCDR	2900	1950
18020 - 18070	Periop Nurs	LT	2900	1950
18020 - 18070	Periop Nurs	LT	2900	1950
18075	Surg Tech	HM1		8483
18080 - 18105	Surg Tech	HM2		8483
18080 - 18105	Surg Tech	HM2		8483
18110 - 18197	Surg Tech	HM3		8483
18110 - 18197	Surg Tech	HM3		8483
19-19920 or 30777-307	Anesth	CDR/LCDR	2100	
30780 - 30785	Nurs Anesth	LCDR	2900	1972
26956 - 26958	Gen Surg	LT/CDR	2100	
27805 - 27830	Ortho Surg	CDR/LCDR	2100	
OR PREP & DENTAL				
18301	Periop N DO	LCDR	2900	1950
18205 - 18230	CC Nurs	LT	2900	1960
18205 - 18230	CC Nurs	LT	2900	1960
18265 - 18295	HM	HN		
18305 - 18330	HM	HM3		
18335 - 18340	Surg Tech	HM1		8483
18345 - 18350	Surg Tech	HM2		8483
18355 - 18360	Surg Tech	HM3		8483
26955	Gen Surg DH	CDR	2100	
31310 or 31315	Compre Dent	LCDR	2200	
31305 or 31320	Oral Surg	CDR/LCDR	2200	
31330 - 31335	Dent Tech	DT3		
31345 - 31370	Den Surg Tech/FMF Dent Tech	DT2/DT3	8783/8707	8783

FLEET HOSPITAL TRAINING CORE

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BSC Range	Title	Rank/Rate	Designator	Subspecialty/ NEC
CASUALTY RECEIVING				
23401	Emerg Med DH	CDR	2100	
23402 - 23403	Emerg Med	LCDR	2100	
23404	Emerg Med	LT	2100	
23405 - 23408	Fam Prac	CDR/LCDR	2100	
23405 - 23408	Fam Prac	CDR/LCDR	2100	
23409 - 23410	PA	LT	2300	1893
23415 - 23416	Amb C Nr DO	LCDR	2900	1945
23417 - 23420	Amb Care Nurs	LT	2900	1945
23417 - 23420	Amb Care Nurs	LT	2900	1945
23417 - 23420	Amb Care Nurs	LT	2900	1945
23421	HM	HMC		
23422 - 23423	HM	HM1		
23424 - 23433	HM	HM2		
23424 - 23433	HM	HM2		
23424 - 23433	HM	HM2		
23424 - 23433	HM	HM2		
23424 - 23433	HM	HM2		
23434 - 23453	HM	HM3		
23434 - 23453	HM	HM3		
23434 - 23453	HM	HM3		
23434 - 23453	HM	HM3		
23434 - 23453	HM	HM3		
23434 - 23453	HM	HM3		
23434 - 23453	HM	HM3		
23434 - 23453	HM	HM3		
23454 - 23470	HM	HN		
23454 - 23470	HM	HN		
23454 - 23470	HM	HN		
23454 - 23470	HM	HN		
23454 - 23470	HM	HN		
23454 - 23470	HM	HN		
23454 - 23470	HM	HN		
23454 - 23470	HM	HN		
PREVENTIVE MEDICINE				
26010	EHO	LT	2300	1860
26015 - 26020	Prev Med	HMC/HM1		8432
26025	Prev Med	HM2		8432

FLEET HOSPITAL TRAINING CORE

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BSC Range	Title	Rank/Rate	Designator	Subspecialty/ NEC
MEDICAL SUPPORT				
32127 - 32129	Med Tech	LCDR/LT	2300	1865
32130	Lab Tech	HMC		8506
32131 - 32134	Lab Tech	HM1		8506
32135 - 32146	Lab Tech	HM2		8506
32135 - 32146	Lab Tech	HM2		8506
32135 - 32146	Lab Tech	HM2		8506
32147 - 32159	Lab Tech	HM3		8506
32147 - 32159	Lab Tech	HM3		8506
34630 - 34645	Pharmacist	CDR/LCDR/LT	2300	1887
34650	Pharm Tech	HMC		8482
34655 - 34660	Pharm Tech	HM1		8482
34665 - 34696	Pharm Tech	HM2/HM3		8482
35751	Radi Diag DH	CDR	2100	
35753 - 35754	X-Ray Tech	HM1		8452
35755 - 35765	X-Ray Tech	HM2/HM3		8452
35755 - 35765	X-Ray Tech	HM2/HM3		8452
35755 - 35765	X-Ray Tech	HM2/HM3		8452
Legend: <ul style="list-style-type: none"> - All Command Element personnel must attend each FY FHFT and the ORE. - All singular BSC personnel must attend each FY FHFT and the ORE. - The BSC with ranges allows for different personnel to attend each FY FHFT and allows for an increased pool of personnel to be available for the FH ORE. 				

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Operational Readiness Evaluation Phase Checklist

PHASE ONE			
TASKS	RESPONSIBLE PARTY	EVALUATION	COMMENTS
Arrival of FH personnel in-country and movement to classroom. Registration of personnel for class credit, safety brief, in-country brief and introduction to FHAT and evaluation teams. Completion time = 1 hour.	Command Staff		
EVALUATION COMMENCES All Hands formation and muster. Muster sheet submitted with name, rank and SSN provided. Completion time = 30 minutes.	Command Staff		
Chain of command established in central location and submitted to HQ. Completion time = 30 minutes.	Command Staff		
Public Works Department chain of command established and submitted to HQ. Ensure survey team members, HAZMAT officer, safety officer and fire marshall are identified. Completion time = 1 hour.	Public Works		
All personnel change into camouflage utilities and issued web gear. Completion time = 1.5 hours.	Command Staff		
Movement of personnel and gear to pier area. Completion time = 3 hours.	Command Staff		
Locate and open CO's locker. Completion time = 15 minutes.	Command Staff		
Establish radio communications with HQ after opening the CO's locker. Completion time = 30 minutes.	Communications		
Request MREs from HQ via voice communication.	Command Staff		
Request weapons from HQ and designate accepting GMG. Weapons and radios must be issued to appropriate personnel prior to the hospital area secured.	Command Staff		

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Operational Readiness Evaluation Phase Checklist

PHASE ONE			
TASKS	RESPONSIBLE PARTY	EVALUATION	COMMENTS
CESE BEEP Four pieces of CESE identified by brigade representative must be BEEPed. After completion of first two pieces, all CESE in yard available for use and Phase 1 may continue. Second two pieces of CESE must be completely BEEPed prior to the movement to Phases 2-8.	Public Works		
Locate and identify ISOs and assign priority of movement to AOR. Establish marshalling plan at pier.	Senior EO/ Yard Boss		
Secure hospital site (AOR). Provide for security of the AOR and material (roaming watch, gate and perimeter guards). Ensure Marine perimeter security on site through HQ.	Security		
Personnel movement to AOR.	Command Staff		
Survey Team stakout three GPLs then proceed to base camp head (BCH) layout. Completion time = 30 minutes ea.	Public Works		
Request potable water source. HQ provided 400 gal. water bull ready for use upon FH arrival in-country. Locate and test potable water for suitability.	Preventative Medicine		
Locate staging area and establish marshalling yard at hospital site.	Senior EO/ Yard Boss		
Move ISOs in correct echelon order. Operate RTCH - member must have previous training in order to operate. After arrival of first AP ISO to AOR, all other AOR ISOs are available.	Senior EO/ Yard Boss		
Erect five berthing tents for DA and AP personnel - 45 minutes per tent team. Total completion time = 4.5 hours	All Hands		
Erect Admin tent. Completion time = 45 minutes.	All Hands		

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Operational Readiness Evaluation Phase Checklist

PHASE ONE			
TASKS	RESPONSIBLE PARTY	EVALUATION	COMMENTS
Develop power distribution plan and upgrade as needed. Operate generators and install power to GPLs. Ensure generator watches and logs are established and maintained.	Public Works		
Install limited utilities - install two BCHs upon arrival of BCHs to hospital site. Installation of power and water must be complete prior to the other four BCHs coming online.	Public Works		
Super-chlorinate and test water systems in BCHs.	Preventative Medicine		
Erect Circus tent. Completion time = 1.5 hours.	All Hands		
Install power to circus tent.	Public Works		
Develop cleaning bills and complete water and sanitation checks for BCHs.	Preventative Medicine		
Establish Public Works watchbill and trouble call desk.	Public Works		
Survey team establish hospital benchmark and hospital layout of three functional area wings according to plan, vice the concrete pads. Completion time = 1 hour.	Public Works		
Once Survey Team evaluated on three-wing layout, layout for three ISOs to concrete pads completed before ISO placement.	Public Works		
Request husbanding agent for host nation contract support to establish waste water and trash disposal sites, fuel source and HAZMAT disposal.	Supply		
Locate crypto once COMM VAN arrives at hospital site.	Communications		

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Operational Readiness Evaluation Phase Checklist

PHASES 2-8 - ADVANCED PARTY			
TASKS	RESPONSIBLE PARTY	EVALUATION	COMMENTS
Establish staff sick call procedures upon arrival of DA/AP per local regulations (FLEHOSPOTC instruction). Promulgate and post Medical watchbill.	Command Staff/Director for Medical Services		
Assemble fire station (maintenance tent). This needs to be complete before oxygen generators or public works shops may be used. Completion time = 2 hours.	Public Works		
Ensure berthing assignments and TEMPER build teams for incoming main body personnel established.	Command Staff		
Assemble oxygen generator, establish SOP and field test unit. Power and checklist must be completed before oxygen generator goes online.	Medical Repair		
Produce a 3-day supply of oxygen for the training set = six bottles of oxygen. Generator will be shut down after six bottles filled.	Medical Repair		
Submit properly-formatted request for required medical gases to HQ to include specific delivery date. May need to establish host nation contracts if HQ cannot supply.	Supply/Medical		
Request expected delivery date of initial consumable block. Submit request for second 60-day consumable block of medical supplies to include specific delivery date. Completion time = within 24 hours of arrival at hospital site.	Supply		
Establish and institute FH security plan to include specific protocols for the treatment of EPWs and civilian refugees per OpOrder and SOP.	Security/Medical		

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Operational Readiness Evaluation Phase Checklist

PHASES 2-8 - ADVANCED PARTY			
TASKS	RESPONSIBLE PARTY	EVALUATION	COMMENTS
Establish public works shops, motor pool, preventative maintenance schedules and dispatch procedures after last AP ISO arrives at hospital site.	Public Works		
Waste water and trash disposal sites inspected by PMT and public works representative.	Preventative Medicine/Public Works		
Identify HAZMAT waste storage area and establish procedures for documentation of waste storage. Completion time = within 24 hours of main body arrival.	HAZMAT Officer		
Issue HAZMAT supplies throughout FH as required. Establish accountability procedures for issue.	HAZMAT Officer		
Install and OP test one field laundry unit. Establish and publish laundry schedule. SHs need to have laundry unit functional by Phase 9.	Public Works/Supply		
Environmental health survey conducted within 24 hours of AP arrival at AOR. Documentation of survey results published and submitted within 48 hours of arrival to AOR.	Preventative Medicine		
Place ISO concrete pads and spot tactical ISOs (MED) before the erection of the ADMIN wing.	Public Works		
ADMIN and communications TEMPER wing assembled by the 10-team leaders and assistants.	Command Staff		
Establish COMM Van upon arrival to the AOR. Equipment inventoried and message-text communications established once ADMIN erected. Voice communications must be maintained at all times but ceases once message-text operational.	Communications		

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Operational Readiness Evaluation Phase Checklist

PHASES 2-8 - ADVANCED PARTY			
TASKS	RESPONSIBLE PARTY	EVALUATION	COMMENTS
Phone lines established in ADMIN upon completion of build.	Communications		
Main body personnel arrival to AOR complete. Personnel assigned to berthing and TEMPER build teams.	Command Staff		
Stage material for TEMPER assembly ensuring safety procedures are being followed.	Supply/Material Management		
No geedunk purchases or ARO operations may commence until after the laundry and motor pool are established.	Supply		

Operational Readiness Evaluation Phase Checklist

PHASE 9 - THE BUILD			
TASKS	RESPONSIBLE PARTY	EVALUATION	COMMENTS
ALL HANDS TEMPER build utilizing the 10-team concept. Teams must be identified prior to the build. Hospital build and stuffing completed in 10 hours.	Command Staff		
TEMPER TEAMS Team #1 Uncrate/Unwrap Team	Command Staff		
Team #2 Framing Team	Command Staff		
Team #3 Exterior Skin Team	Command Staff		
Team #4 Flys and Stakes Team	Command Staff		
Team #5 Interior Prep Team	Command Staff		
Team #6 Liner Team	Command Staff		
Team #7 Lights and Plenums Team	Command Staff		
Team #8 Floors and Receptacles Team	Command Staff		
Team #9 Vestibule Team	Command Staff		
Team #10 ISO to TEMPER Team	Command Staff		
Assist in unpacking and testing high-tech medical equipment.	Medical Repair		
STUFFING Stuffing of functional areas with medical gear and equipment commences as functional areas being completed.	Command Staff		
Bunkers and security routes established and laid-out.	Security		
Install external electrical and HVAC connections.	Public Works		
Connect all potable and waste water hoses to the MUM.	Public Works		
Hospital communications and CHCS wiring, layout and OP test complete and functional.	Communications		
COMM message protocols established between ADMIN and Communications departments.	Communications		

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Operational Readiness Evaluation Phase Checklist

PHASE 9 - THE BUILD			
TASKS	RESPONSIBLE PARTY	EVALUATION	COMMENTS
Fire extinguishers inspected and distributed throughout hospital.	Fire Marshall		
Hospital inspected by evaluation team within 24 hours of build start.	Command Staff		
Prepare free-hand AS BUILT drawing of hospital site. <i>Completion time = prior to OP day (CASEX).</i>	Public Works		

Operational Readiness Evaluation Phase Checklist

FOLLOW-ON PHASES			
TASKS	RESPONSIBLE PARTY	EVALUATION	COMMENTS
Accountability of personnel maintained and reported to HQ daily.	Command Staff		
FH Watchbills established, posted and duties carried out according to SOP and regulations.	Command Staff		
Camp Commandant identified and assigned to tasks. Camp and hospital cleanliness maintained and inspected.	Command Staff		
Mustering procedures established and tested. Command Staff conducting operational drills to test FH response to disasters.	Command Staff		
Unit and ward procedures and schedules established and posted.	Command Staff		
Fire evacuation routes posted in all areas.	Fire Marshall		
Communication security and message traffic protocols maintained.	Communications		

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FLEET HOSPITAL FUNCTIONAL AREA EVALUATION**ACUTE CARE WARD**

OBJECTIVE	MC	NMC	COMMENTS
Assemble/disassemble functional area TEMPER per the field assembly plan **			
Ensure the lay out of the functional area is used for maximum benefit			
Observe safety precautions at all times **			
Ensure functional area SOP is available for review **			
Locate, setup, and effectively use all unit equipment and supplies **			
Identify a medical officer and a charge nurse **			
Identify an LPO and supply PO with back ups **			
Identify two personnel to attend CHCS training			
Ensure cross training takes place on the CHCS computer			
Complete patient admissions, transfers and discharges per command procedures and SOP **			
Ensure a hard log is maintained at all times in conjunction with CHCS **			
Perform immediate patient care using real-time while properly using equipment and supplies per established standards **			
Perform all nursing care procedures per SOP			
Record all evaluations, procedures, and treatments in the patient's records **			
Use appropriate paperwork for lab and x-ray studies **			
Ensure ward stock reflects usage rate to prevent over or under stocking **			
Ensure all patients are transferred appropriately and in a timely fashion			
Ensure report is given or received prior to transferring a patient to another area			
Ensure triage takes place during peak flow **			
Ensure all patients are reassessed after peak flow **			
If more than one ward is built, ensure each is identical			

FLEET HOSPITAL FUNCTIONAL AREA EVALATION

ACUTE CARE WARD
(Continued)

OBJECTIVE	MC	NMC	COMMENTS
Ensure expectant patients receive appropriate support/care per SOP			
Ensure all patients are fed per food service SOP			

IMPLEMENTATION OF FIRE AND DISASTER PLAN

OBJECTIVE	MC	NMC	COMMENTS
Ensure all evacuation plans are posted near all exits **			
Locate and identify fire fighting equipment nearest to the area **			
Report fires per established procedures **			
Establish and implement fire control procedures **			
Establish and implement disaster and mass casualty procedures **			
Establish and implement evacuation plan for fire, bomb threats, air raids, etc. **			
Ensure all staff/patients don and clear gas masks during chemical attacks **			
Continue to treat patients appropriately during drills **			

MC - Mission capable

NMC - Not mission capable

** - Critical indicator, **must complete** to be mission capable

SUMMARY: This functional area was found mission capable/not mission capable.

FLEET HOSPITAL FUNCTIONAL AREA EVALUATION

BUILDER/STEELWORKER/ENGINEERING AIDE

OBJECTIVE	MC	NMC	COMMENTS
Establish a functional area per SOP			
Ensure that the SOP is available **			
Maintain and operate student CTR **			
Perform all assigned tasks per standard safety practices			
Maintain and operate power tools in a safe and proper manner per the safety manual, occupational safety and health standards 29 CFR **			
Site prep will be conducted and laid out according to specifications given **			
Assemble the maintenance tent per SOP **			
Assemble the circus tent per SOP			
Assemble the TEMPER tents per SOP **			
Disassemble and properly pack the maintenance tent			
Disassemble and properly pack the circus tent			
Disassemble the tempers and account for all required inventories			
Inventory all tools for accountability			

IMPLEMENTATION OF FIRE AND DISASTER PLAN

OBJECTIVE	MC	NMC	COMMENTS
Ensure all evacuation plans are posted near all exits **			
Locate and identify fire fighting equipment nearest to the area **			
Report fires per established procedures **			
Establish and implement fire control procedures **			
Establish and implement disaster and mass casualty procedures **			

IMPLEMENTATION OF FIRE AND DISASTER PLAN (CONTINUED)

OBJECTIVE	MC	NMC	COMMENTS
Establish and implement evacuation plan for fire, bomb threats, air raids, etc. **			
Ensure all staff don and clear gas masks during chemical attacks **			

MC - Mission capable

NMC - Not mission capable

** - Critical indicator, **must complete** to be mission capable

SUMMARY: This functional area was found mission capable/not mission capable.

FLEET HOSPITAL FUNCTIONAL AREA EVALUATION

CASUALTY RECEIVING

OBJECTIVE	MC	NMC	COMMENTS
Assemble/disassemble functional area TEMPER per the field assembly plan **			
Ensure the lay out of the functional area is used for maximum benefit **			
Ensure triage is clearly identified **			
Establish triage area which allows for optimum patient access and safe movement **			
Observe safety precautions at all times **			
Ensure the functional area SOP is available for review **			
Locate, setup, and effectively use all unit equipment and supplies **			
Identify triage officer, alternate triage officer, charge nurse, and triage teams **			
Ensure "yard boss," ambulance drivers, and litter teams are assigned and trained in their respective roles **			
Identify an LPO and supply PO with back ups **			
Identify two personnel to attend CHCS training			
Ensure cross training takes place on the CHCS computer			
Complete patient admissions, transfers, and discharges per command procedures and SOP **			
Ensure a hard log is maintained at all times in conjunction with CHCS **			
Perform immediate patient care using real-time while properly using equipment and supplies per established standards **			
Use military triage classifications of "Immediate," "Delayed," "Minimal," and "Expectant" **			
Establish and implement procedures for primary and secondary assessment of trauma patients **			
Perform all nursing care procedures per SOP.			
Record all evaluations, procedures, and treatments in the patient's records **			

FLEET HOSPITAL FUNCTIONAL AREA EVALUATION

CASUALTY RECEIVING

(Continued)

OBJECTIVE	MC	NMC	COMMENTS
Use appropriate paperwork for lab and x-ray studies **			
Ensure ward stock reflects usage rate to prevent over or under stocking **			
Ensure all patients are transferred appropriately and in a timely fashion			
Ensure report is given or received prior to transferring a patient to another area			
Ensure triage takes place during peak flow **			

IMPLEMENTATION OF FIRE AND DISASTER PLAN

OBJECTIVE	MC	NMC	COMMENTS
Ensure all evacuation plans are posted near all exits **			
Locate and identify fire fighting equipment nearest to the area **			
Report fires per established procedures **			
Establish and implement fire control procedures **			
Establish and implement disaster and mass casualty procedures **			
Establish and implement evacuation plan for fire, bomb threats, air raids, etc. **			
Ensure all staff/patients don and clear gas masks during chemical attacks **			
Continue to treat patients appropriately during drills **			

MC - Mission capable

NMC - Not mission capable

** - Critical indicator, **must complete** to be mission capable

SUMMARY: This functional area was found mission capable/not mission capable.

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FLEET HOSPITAL FUNCTIONAL AREA EVALUATION**COMMAND STAFF**

OBJECTIVE	MC	NMC	COMMENTS
All command staff billets are appropriately manned and chain of command established and published. This includes: CO, XO, CMC, DMS, DSS, DNS, and DAS. Command staff duties executed per established guidelines and SOPs **			
Maintains a thorough and accurate accountability of personnel at all times **			
All functional areas established and assigned functional area leaders. Each FA appropriately staffed with appropriate ratings and designators of personnel **			
Implements and practices active communication, both up and down the chain of command. Uses morning formations to pass the word to all hands **			
All command administrative tasks are accomplished and posted in a timely manner (fire and safety watchbill, cleaning bill, OOD/JOOD watchbill, berthing assignments) **			
Ensures all watches and duties are being carried out according to the watchstander's regulations and guidelines **			
All behavioral, health and hygiene standards have been set and are being met and monitored. Camp commandant assigned and following through with duties **			
Ensures all safety precautions are adhered to and safety briefings/training is being conducted throughout the FH **			
Ensures that all patients are cared for and transported in a safe, appropriate and expeditious manner **			
Ensures that all functional areas receive adequate training and practice time for emergency protocols (fire, gas attack, artillery, and terrorist activity) **			

FLEET HOSPITAL FUNCTIONAL AREA EVALUATION

COMMAND STAFF (Continued)

OBJECTIVE	MC	NMC	COMMENTS
Demonstrates appropriate follow-through with decisions **			
Compiles required in-theater reports and forwards through chain of command **			
Ensures the compound structures (TEMPER, GPL, circus and maintenance tents; ISOs) are inspected daily to ensure structural integrity, safety and absence of vermin infestation **			
Ensures all equipment and vehicles are being operated per safety policies and procedures **			
Fleet hospital assist team (FHAT) provides timely and accurate guidance to the command staff enabling all FH personnel to properly set up and operate each functional area in an expeditious manner **			
Sets the example for the FH in motivation and morale			

IMPLEMENTATION OF FIRE AND DISASTER PLAN

OBJECTIVE	MC	NMC	COMMENTS
Ensure all evacuation plans are posted near all exits **			
Locate and identify fire fighting equipment nearest to the area **			
Report fires per established procedures **			
Establish and implement fire control procedures **			
Establish and implement disaster and mass casualty procedures **			
Establish and implement evacuation plan for fire, bomb threats, air raids, etc. **			
Ensure all staff/patients don and clear gas masks during chemical attacks **			

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FLEET HOSPITAL FUNCTIONAL AREA EVALUATION

COMMAND STAFF

(Continued)

MC - Mission capable

NMC - Not mission capable

** - Critical indicator, **must complete** to be mission capable

SUMMARY: This functional area was found mission capable/not mission capable.

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FLEET HOSPITAL FUNCTIONAL AREA EVALUATION**COMMUNICATIONS**

OBJECTIVE	MC	NMC	COMMENTS
Establish a functional area per SOP **			
Ensure that the SOP is available **			
Locate, set up, and operate all equipment **			
Install and operate telephones, breakout boxes, public address systems, and antennas **			
CHCS - locate and set up equipment (hubs and cables)			
Maintain communication liaison with security section for emergency situations **			
Establish communications as an authorized access area **			
Document all incoming and outgoing messages (COMM) **			
Document all incoming and outgoing messages (Admin) **			
Track messages to originators (Admin)			
Prevent unofficial communications **			
Transmit outgoing messages by precedence and in proper format **			
Establish and follow procedures for distribution of messages/written material within unit **			
Perform preventative maintenance and repair of equipment			

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FLEET HOSPITAL FUNCTIONAL AREA EVALUATION**COMMUNICATIONS****(Continued)****IMPLEMENTATION OF FIRE AND DISASTER PLAN**

OBJECTIVE	MC	NMC	COMMENTS
Ensure all evacuation plans are posted near all exits **			
Locate and identify fire fighting equipment nearest to the area **			
Report fires per established procedures **			
Establish and implement fire control procedures **			
Establish and implement disaster and mass casualty procedures **			
Establish and implement evacuation plan for fire, bomb threats, air raids, etc. **			
Ensure all staff don and clear gas masks during chemical attacks **			

MC - Mission capable

NMC - Not mission capable

** - Critical indicator, **must complete** to be mission capable

SUMMARY: This functional area was found mission capable/not mission capable.

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FLEET HOSPITAL FUNCTIONAL AREA EVALUATION**CONSTRUCTION ELECTRICIAN**

OBJECTIVE	MC	NMC	COMMENTS
List and explain the capabilities of a basic expeditionary electrical power distribution plan.			
Ensure that the SOP is available **			
Observe electrical safety procedures per 29 CFR 1910 and 1926 **			
Perform pre-start procedures on a MEPS-007B 100 KW generator **			
Explain troubleshooting procedures on a MEPS-007B 100 KW generator **			
Set up, operate, and maintain an FH expeditionary electrical power distribution system **			
Complete electrical ESAs and work orders per NCF camp maintenance procedures **			

IMPLEMENTATION OF FIRE AND DISASTER PLAN

OBJECTIVE	MC	NMC	COMMENTS
Ensure all evacuation plans are posted near all exits **			
Locate and identify fire fighting equipment nearest to the area **			
Report fires per established procedures **			
Establish and implement fire control procedures **			
Establish and implement disaster and mass casualty procedures **			
Establish and implement evacuation plan for fire, bomb threats, air raids, etc. **			
Ensure all staff don and clear gas masks during chemical attacks **			

MC - Mission capable

NMC - Not mission capable

** - Critical indicator, **must complete** to be mission capable

SUMMARY: This functional area was found mission capable/not mission capable.

30 Sep 2002

FLEET HOSPITAL FUNCTIONAL AREA EVALUATION**CONSTRUCTION MECHANIC**

OBJECTIVE	MC	NMC	COMMENTS
Establish a functional area per SOP **			
Ensure that the SOP is available **			
Maintain equipment history jackets per NAVFAC P-300 and P-307 **			
Perform preventive maintenance checks on CESE correcting discrepancies noted on hard cards **			
Properly set up and maintain HAZMAT area **			
Use safety protection and follow safety regulations at all times per 20 CFR 1910 and 1926 **			
Fill out 1250s for parts used and log all repair parts in and out of 6101 parts room **			
Maintain equipment per NAVSUP P-404 **			
Set up a preventive maintenance schedule per NAVFAC P-300 **			

IMPLEMENTATION OF FIRE AND DISASTER PLAN

OBJECTIVE	MC	NMC	COMMENTS
Ensure all evacuation plans are posted near all exits **			
Locate and identify fire fighting equipment nearest to the area **			
Report fires per established procedures **			
Establish and implement fire control procedures **			
Establish and implement disaster and mass casualty procedures **			
Establish and implement evacuation plan for fire, bomb threats, air raids, etc. **			
Ensure all staff don and clear gas masks during chemical attacks **			

FLEET HOSPITAL FUNCTIONAL AREA EVALUATION

CONSTRUCTION MECHANIC

(Continued)

- MC - Mission capable
- NMC - Not mission capable
- ** - Critical indicator, **must complete** to be mission capable

SUMMARY: This functional area was found mission capable/not mission capable.

30 Sep 2002

FLEET HOSPITAL FUNCTIONAL AREA EVALUATION**CSR**

OBJECTIVE	MC	NMC	COMMENTS
Assemble/disassemble functional area TEMPER per the field assembly plan **			
Ensure the lay out of the functional area is used for maximum benefit			
Observe safety precautions at all times **			
Ensure the functional area SOP is available for review **			
Locate, setup, and effectively use all unit equipment and supplies **			
Process items for sterilization per SOP **			
Operate field sterilizer per manufacturer's instructions using strict safety procedures **			
Implement chemical disinfectant procedures for items that cannot be autoclaved **			
Implement procedures for storing sterilized items **			
Implement procedures for issuing sterilized items			
Document receipt and disposition of items **			
Maintain instrument cards to ensure proper instruments/glassware/linens are included in packs and sets **			

FLEET HOSPITAL FUNCTIONAL AREA EVALUATION

CSR
(Continued)

IMPLEMENTATION OF FIRE AND DISASTER PLAN

OBJECTIVE	MC	NMC	COMMENTS
Ensure all evacuation plans are posted near all exits **			
Locate and identify fire fighting equipment nearest to the area **			
Report fires per established procedures **			
Establish and implement fire control procedures **			
Establish and implement disaster and mass casualty procedures **			
Establish and implement evacuation plan for fire, bomb threats, air raids, etc. **			
Ensure all staff don and clear gas masks during chemical attacks **			

MC - Mission capable

NMC - Not mission capable

** - Critical indicator, **must complete** to be mission capable

SUMMARY: This functional area was found mission capable/not mission capable.

30 Sep 2002

FLEET HOSPITAL FUNCTIONAL AREA EVALUATION**ENVIRONMENTAL HEALTH DEPARTMENT**

OBJECTIVE	MC	NMC	COMMENTS
Observe safety precautions at all times **			
Conduct one formal camp environmental health survey per the NAVMED P-5010. Submit results in a memorandum format to FH CO via FLEHOSPOTC PMT **			
Develop operational sanitation bill for 500-bed FH (i.e., base camp heads, berthing area) **			
Conduct one formal inspection of the galley per NAVMED P 5010-1. Record results on NAVMED 6240/1 and submit to FH CO via FLEHOSPOTC PMT **			
Record all preventive medicine activities in the medical journal **			
Conduct informal galley walk through (pre-operation) inspections daily and log results in medical journal **			
Conduct food service physicals for all personnel assigned to mess duty. Review physical results with FLEHOSPOTC PMT **			
Assists student MS in conducting food service sanitation training for mess specialists and food service assistants			
Demonstrate skills in obtaining WBGT readings. Log daily WBGT results in medical journal and inform command staff of heat/cold conditions **			
Discuss water bulk cleaning and sanitation (superchlorination) procedures **			
Test the water distribution system for free available chlorine and log results on water log book: water bulk – x2 daily and BCH and 6000 gal tankers – as needed **			
Demonstrate and discuss water bacteriology test procedure **			
Supervise students in proper procedures for water treatment (superchlorination)			

FLEET HOSPITAL FUNCTIONAL AREA EVALUATION

ENVIRONMENTAL HEALTH DEPARTMENT

(Continued)

OBJECTIVE	MC	NMC	COMMENTS
Conduct daily walk-through inspections of the laundry and berthing areas. Record inspection results in the medical journal			
Conduct daily walk-through inspection of the student Northsite cantina. Record inspection results in the medical journal			
Ensure camp sanitation is maintained in a high state of cleanliness			
Report any pest problem to student CO and FLEHOSPOTC PMT **			
Assist the camp commandant in areas of camp sanitation as needed			
Conduct a disease outbreak investigation and prepare appropriate NDRS for each specific disease **			
Review all inspection results and recommendations, entries in log books and medical journal with the FLEHOSPOTC PMT			

IMPLEMENTATION OF FIRE AND DISASTER PLAN

OBJECTIVE	MC	NMC	COMMENTS
Ensure all evacuation plans are posted near all exits **			
Locate and identify fire fighting equipment nearest to the area **			
Report fires per established procedures **			
Establish and implement fire control procedures **			
Establish and implement disaster and mass casualty procedures **			
Establish and implement evacuation plan for fire, bomb threats, air raids, etc. **			

30 Sep 2002

FLEET HOSPITAL FUNCTIONAL AREA EVALUATION**ENVIRONMENTAL HEALTH DEPARTMENT****IMPLEMENTATION OF FIRE AND DISASTER PLAN (CONTINUED)**

OBJECTIVE	MC	NMC	COMMENTS
Ensure all staff/patients don and clear gas masks during chemical attacks **			
Continue to treat patients appropriately during drills **			

MC - Mission capable

NMC - Not mission capable

** - Critical indicator, **must complete** to be mission capable

SUMMARY: This functional area was found mission capable/not mission capable.

30 Sep 2002

FLEET HOSPITAL FUNCTIONAL AREA EVALUATION**EQUIPMENT OPERATIONS**

OBJECTIVE	MC	NMC	COMMENTS
Establish a functional area per SOP			
Ensure that the SOP is available **			
Maintain equipment dispatch logs and reports per NAVSUP-P404 **			
Perform preventive maintenance checks on CESE correcting/noting discrepancies on hard cards **			
Properly cleaned up HAZMAT spills **			
Wear safety protection and follow safety regulations **			
Maintain hard card files per NAVSUP-P300 **			
Maintain collateral records and inventories. (Refer to NAVSUP-P300)			
Cycle all CESE **			
Establish and maintain traffic flow in CESE yard			
Monitored/logged all fuel usage **			
Ensure dispatch status board is current and updated daily **			
Assign duty driver and implement duty driver watchbill			

FLEET HOSPITAL FUNCTIONAL AREA EVALUATION

EQUIPMENT OPERATIONS

(Continued)

IMPLEMENTATION OF FIRE AND DISASTER PLAN

OBJECTIVE	MC	NMC	COMMENTS
Ensure all evacuation plans are posted near all exits **			
Locate and identify fire fighting equipment nearest to the area **			
Report fires per established procedures **			
Establish and implement fire control procedures **			
Establish and implement disaster and mass casualty procedures **			
Establish and implement evacuation plan for fire, bomb threats, air raids, etc. **			
Ensure all staff don and clear gas masks during chemical attacks **			

MC - Mission capable

NMC - Not mission capable

** - Critical indicator, **must complete** to be mission capable

SUMMARY: This functional area was found mission capable/not mission capable.

FLEET HOSPITAL FUNCTIONAL AREA EVALUATION

FOOD SERVICE OPERATIONS

OBJECTIVE	MC	NMC	COMMENTS
Perform pre-start inspection and operate COMMZ feeding system and all associated equipment			
Energize, operate and shutdown (EOS) all equipment **			
Enforce personal hygiene standards **			
Ensure sanitary standards for food preparation are met at all times - all food preparation surfaces and utensils must be properly cleaned and sanitized **			
Prepare menu based on schedule and supplies available **			
Perform recipe conversion procedures **			
Implement procedures for providing meals to bed patients to include ** 1. How to modify diets for patients with special needs 2. Methods implemented are effective and efficient use of personnel			
Establish proper communication with public works for operational support			
Properly set up and operate M-2 Burners			
Ensure there is a qualified record keeper who is knowledgeable of both manual and computerized recordkeeping procedures (FSM) **			
Designate areas for all phases of operating all gas-fueled equipment			
EOS scullery system **			
Ensure SOP is available for review **			

FLEET HOSPITAL FUNCTIONAL AREA EVALUATION

FOOD SERVICE OPERATIONS

(Continued)

IMPLEMENTATION OF FIRE AND DISASTER PLAN

OBJECTIVE	MC	NMC	COMMENTS
Ensure all evacuation plans are posted near all exits **			
Locate and identify fire fighting equipment nearest to the area **			
Report fires per established procedures **			
Establish and implement fire control procedures **			
Establish and implement disaster and mass casualty procedures **			
Establish and implement evacuation plan for fire, bomb threats, air raids, etc. **			
Ensure all staff don and clear gas masks during chemical attacks **			

MC - Mission capable

NMC - Not mission capable

** - Critical indicator, **must complete** to be mission capable

SUMMARY: This functional area was found mission capable/not mission capable.

30 Sep 2002

FLEET HOSPITAL FUNCTIONAL AREA EVALUATION**INTENSIVE CARE UNIT**

OBJECTIVE	MC	NMC	COMMENTS
Assemble/disassemble functional area TEMPER per the field assembly plan **			
Ensure the lay out of the functional area is used for maximum benefit			
Observe safety precautions at all times **			
Ensure the functional area SOP is available for review **			
Locate, setup, and effectively use all unit equipment and supplies **			
Identify a medical officer and a charge nurse **			
Identify an LPO and supply PO with back ups **			
Identify two personnel to attend CHCS training			
Ensure cross training takes place on the CHCS computer			
Complete patient admissions, transfers, and discharges per command procedures and SOP **			
Ensure a hard log is maintained at all times in conjunction with CHCS **			
Perform immediate patient care using real-time while properly using equipment and supplies per established standards **			
Perform all nursing care procedures per SOP			
Record all evaluations, procedures, and treatments in the patient's records **			
Use appropriate paperwork for lab and x-ray studies **			
Ensure ward stock reflects usage rate to prevent over or under stocking **			
Ensure all patients are transferred appropriately and in a timely fashion			
Ensure report is given or received prior to transferring a patient to another area			
Ensure triage takes place during peak flow **			
Ensure all patients are reassessed after peak flow **			
Ensure all patients are fed per food service SOP			

FLEET HOSPITAL FUNCTIONAL AREA EVALUATION

INTENSIVE CARE UNIT (Continued)

IMPLEMENTATION OF FIRE AND DISASTER PLAN

OBJECTIVE	MC	NMC	COMMENTS
Ensure all evacuation plans are posted near all exits **			
Locate and identify fire fighting equipment nearest to the area **			
Report fires per established procedures **			
Establish and implement fire control procedures **			
Establish and implement disaster and mass casualty procedures **			
Establish and implement evacuation plan for fire, bomb threats, air raids, etc. **			
Ensure all staff/patients don and clear gas masks during chemical attacks **			
Continue to treat patients appropriately during drills **			

MC - Mission capable

NMC - Not mission capable

** - Critical indicator, **must complete** to be mission capable

SUMMARY: This functional area was found mission capable/not mission capable.

30 Sep 2002

FLEET HOSPITAL FUNCTIONAL AREA EVALUATION**MEDICAL REPAIR**

OBJECTIVE	MC	NMC	COMMENTS
Ensure the lay out of the functional area is used for maximum benefit			
Observe safety precautions at all times **			
Describe computer database used for medical equipment			
Set-up a hard copy file of maintenance records per SOP **			
Use the equipment service/operators manual library per SOP			
Perform oxygen generator start up procedure **			
State the "N" day requirement of oxygen **			
Understand the install and test requirements for the x-ray tactical shelter **			
Understand the install and test requirements for the x-ray dark room and processor **			
State proper safety/operation checks as needed for medical equipment and regulations that dictate results **			
Ensure the functional area SOP is available for review **			

FLEET HOSPITAL FUNCTIONAL AREA EVALUATION

MEDICAL REPAIR
(Continued)

IMPLEMENTATION OF FIRE AND DISASTER PLAN

OBJECTIVE	MC	NMC	COMMENTS
Ensure all evacuation plans are posted near all exits **			
Locate and identify fire fighting equipment nearest to the area **			
Report fires per established procedures **			
Establish and implement fire control procedures **			
Establish and implement disaster and mass casualty procedures **			
Establish and implement evacuation plan for fire, bomb threats, air raids, etc. **			
Ensure all staff/patients don and clear gas masks during chemical attacks **			
Continue to treat patients appropriately during drills **			

MC - Mission capable

NMC - Not mission capable

** - Critical indicator, **must complete** to be mission capable

SUMMARY: This functional area was found mission capable/not mission capable.

FLEET HOSPITAL FUNCTIONAL AREA EVALUATION

MEDICAL SUPPORT

OBJECTIVE	MC	NMC	COMMENTS
Assemble/disassemble functional area TEMPER per the field assembly plan **			
Ensure the lay out of the functional area is used for maximum benefit			
Observe safety precautions at all times **			
Ensure the sub-functional area SOPs are available for review **			
Locate, setup, and effectively use all unit equipment and supplies **			
Identify an LPO and supply PO with back ups for each sub-functional area			
Identify two personnel per sub-functional area to attend CHCS training			
Ensure cross training takes place on the CHCS computer			
Ensure a hard log is maintained at all times in conjunction with CHCS in each sub-functional area **			
Ensure sub-functional area stock reflects usage rate to prevent over or under stocking **			

Pharmacy

OBJECTIVE	MC	NMC	COMMENTS
Sub-functional area clearly marked and identified as restricted area			
Controlled medications properly secured **			
Medication inventories done properly **			

Laboratory

OBJECTIVE	MC	NMC	COMMENTS
Lab paperwork used properly			
Demonstrate appropriate follow-through and critical decision making **			

30 Sep 2002

FLEET HOSPITAL FUNCTIONAL AREA EVALUATION**MEDICAL SUPPORT****(Continued)****Blood Bank**

OBJECTIVE	MC	NMC	COMMENTS
Blood units are inventoried using proper procedures **			
Cross matching done appropriately using real-time **			
Blood issued following proper procedure with proper paperwork **			

Radiology

OBJECTIVE	MC	NMC	COMMENTS
Proper radiation safety guidelines used **			
Paperwork properly completed			

IMPLEMENTATION OF FIRE AND DISASTER PLAN

OBJECTIVE	MC	NMC	COMMENTS
Ensure all evacuation plans are posted near all exits **			
Locate and identify fire fighting equipment nearest to the area **			
Report fires per established procedures **			
Establish and implement fire control procedures **			
Establish and implement disaster and mass casualty procedures **			
Establish and implement evacuation plan for fire, bomb threats, air raids, etc. **			
Ensure all staff/patients don and clear gas masks during chemical attacks **			
Continue to treat patients appropriately during drills **			

FLEET HOSPITAL FUNCTIONAL AREA EVALUATION

MEDICAL SUPPORT
(Continued)

- MC - Mission capable
- NMC - Not mission capable
- ** - Critical indicator, **must complete** to be mission capable

SUMMARY: This functional area was found mission capable/not mission capable.

30 Sep 2002

FLEET HOSPITAL FUNCTIONAL AREA EVALUATION**OR PREP/HOLD AND DENTAL**

OBJECTIVE	MC	NMC	COMMENTS
Assemble/disassemble functional area TEMPER per the field assembly plan **			
Ensure the lay out of the functional area is used for maximum benefit			
Observe safety precautions at all times **			
Ensure the functional area SOP is available for review **			
Locate, setup, and effectively use all unit equipment and supplies **			
Identify a medical officer and a charge nurse **			
Identify an LPO and supply PO with back ups **			
Identify two personnel to attend CHCS training			
Ensure cross training takes place on the CHCS computer			
Complete patient admissions, transfers, and discharges per command procedures and SOP **			
Ensure a hard log is maintained at all times in conjunction with CHCS **			
Perform immediate patient care using real-time while properly using equipment and supplies per established standards **			
Perform all nursing care procedures per SOP			
Record all evaluations, procedures, and treatments in the patient's records **			
Use appropriate paperwork for lab and x-ray studies **			
Ensure ward stock reflects usage rate to prevent over or under stocking **			
Ensure all patients are transferred appropriately and in a timely fashion			
Ensure all patients are reassessed after peak flow **			
Ensure triage takes place during peak flow **			
Establish and maintain communication between OR and pre-operative area on patient treatment priorities **			
Ensure all patients are fed per food service SOP			

FLEET HOSPITAL FUNCTIONAL AREA EVALUATION

OR PREP/HOLD AND DENTAL
(Continued)

IMPLEMENTATION OF FIRE AND DISASTER PLAN

OBJECTIVE	MC	NMC	COMMENTS
Ensure all evacuation plans are posted near all exits **			
Locate and identify fire fighting equipment nearest to the area **			
Report fires per established procedures **			
Establish and implement fire control procedures **			
Establish and implement disaster and mass casualty procedures **			
Establish and implement evacuation plan for fire, bomb threats, air raids, etc. **			
Ensure all staff/patients don and clear gas masks during chemical attacks **			
Continue to treat patients appropriately during drills **			

MC - Mission capable

NMC - Not mission capable

** - Critical indicator, **must complete** to be mission capable

SUMMARY: This functional area was found mission capable/not mission capable.

FLEET HOSPITAL FUNCTIONAL AREA EVALUATION

PATIENT/PERSONNEL ADMINISTRATION

OBJECTIVE	MC	NMC	COMMENTS
Assemble/disassemble functional area TEMPER per the field assembly plan **			
Ensure the lay out of the functional area is used for maximum benefit			
Observe safety precautions at all times **			
Ensure the functional area SOP is available for review **			
Locate, setup, and effectively use all unit equipment and supplies **			
Obtain patient data for records and reports from patients field medical card or other accompanying reports **			
Ensure all admin personnel attend CHCS training **			
Prepare daily report to CO reflecting patient gains, losses, and other pertinent changes **			
Maintain admissions log **			
Report number of occupied/unoccupied beds and surgical backlog (in hours) within 15 minutes of request by theater surgeon **			
Implement patient evacuation policy and medical evacuation (MEDEVAC) procedures during casualty exercise **			
Implement medical regulating procedures per OPLAN **			
Establish and implement procedures for registering deaths and shipment of human remains **			
Compile and submit current medical census data for daily report to medical regulating control officer (MRCO) **			
Assemble and distribute admission packages, to include appropriate forms, to each functional area **			
Track admissions, transfers, and discharges for all patients **			
Provide for custody and disposition of personal effects and valuables **			

FLEET HOSPITAL FUNCTIONAL AREA EVALUATION

PATIENT/PERSONNEL ADMINISTRATION

(Continued)

IMPLEMENTATION OF FIRE AND DISASTER PLAN

OBJECTIVE	MC	NMC	COMMENTS
Ensure all evacuation plans are posted near all exits **			
Locate and identify fire fighting equipment nearest to the area **			
Report fires per established procedures **			
Establish and implement fire control procedures **			
Establish and implement disaster and mass casualty procedures **			
Establish and implement evacuation plan for fire, bomb threats, air raids, etc. **			
Ensure all staff/patients don and clear gas masks during chemical attacks **			

MC - Mission capable

NMC - Not mission capable

** - Critical indicator, **must complete** to be mission capable

SUMMARY: This functional area was found mission capable/not mission capable.

FLEET HOSPITAL FUNCTIONAL AREA EVALUATION

PUBLIC WORKS

OBJECTIVE	MC	NMC	COMMENTS
Carried out responsibilities of the public works department **			
Ensured that the SOP is available **			
Identified and assigned personnel to essential (key) billets and delineated responsibilities to include fire marshal, safety PO, and HAZMAT PO **			
Processed ESAs and work orders per NCF camp maintenance procedures **			
Vehicle/equipment maintained and dispatched per NFC guidelines **			
Explained to the other functional areas how "trouble calls" are processed, including designating functional area representatives **			
Adhered to safety requirements based on the 29 CFR 1910 and 1926 **			

IMPLEMENTATION OF FIRE AND DISASTER PLAN

OBJECTIVE	MC	NMC	COMMENTS
Ensure all evacuation plans are posted near all exits **			
Locate and identify fire fighting equipment nearest to the area **			
Report fires per established procedures **			
Establish and implement fire control procedures **			
Establish and implement disaster and mass casualty procedures **			
Establish and implement evacuation plan for fire, bomb threats, air raids, etc. **			
Ensure all staff don and clear gas masks during chemical attacks **			

FLEET HOSPITAL FUNCTIONAL AREA EVALUATION

PUBLIC WORKS
(Continued)

- MC - Mission capable
- NMC - Not mission capable
- ** - Critical indicator, **must complete** to be mission capable

SUMMARY: This functional area was found mission capable/not mission capable.

30 Sep 2002

FLEET HOSPITAL FUNCTIONAL AREA EVALUATION**SECURITY**

OBJECTIVE	MC	NMC	COMMENTS
Coordinate prevention, response, and recovery actions to possible operational threats with the CO, XO, SO, PWO, COMMO and functional area leaders **			
Develop an individualized security plan to include interior and exterior security measures, evacuation points (primary and secondary), bunker layout, alarms, operational scenario response procedures, mustering procedures, and security augmentation procedures **			
Use and enforce security plan within the chain of command **			
Place FH in proper security condition to defend against threat level **			
Provide all FH personnel with thorough training on the elements of the FH security plan to include threat conditions, security conditions, and response to security threats **			
Develop an SOP outlining the appropriate responses and security force procedures to the following possible threats: 1. Gas Attack 2. Fire Drill 3. Bomb Threat 4. Terrorist Attack 5. Protesters 6. Visiting Dignitaries After assessing the possible threats in theater, SOP should be modified and expanded to include other situations or threats **			
Establish and train a security augmentation force **			

30 Sep 2002

FLEET HOSPITAL FUNCTIONAL AREA EVALUATION**SECURITY**
(Continued)

OBJECTIVE	MC	NMC	COMMENTS
Establish a traffic control plan to include: ** 1. Road Blocks 2. Vehicle Searches 3. Fire Lanes and Perimeters			
Designate a procedure to notify EOD, when necessary, and establish a bunker for explosive devices **			

IMPLEMENTATION OF FIRE AND DISASTER PLAN

OBJECTIVE	MC	NMC	COMMENTS
Ensure all evacuation plans are posted near all exits **			
Locate and identify fire fighting equipment nearest to the area **			
Report fires per established procedures **			
Establish and implement fire control procedures **			
Establish and implement disaster and mass casualty procedures **			
Establish and implement evacuation plan for fire, bomb threats, air raids, etc. **			
Ensure all staff don and clear gas masks during chemical attacks **			

MC - Mission capable

NMC - Not mission capable

** - Critical indicator, **must complete** to be mission capable

SUMMARY: This functional area was found mission capable/not mission capable.

FLEET HOSPITAL FUNCTIONAL AREA EVALUATION

SHIP SERVICEMAN

OBJECTIVE	MC	NMC	COMMENTS
Ensure SOP is available for review **			
Operate all laundry equipment **			
Observe safety procedures while operating laundry equipment **			
Perform operator maintenance and cleaning procedures of laundry equipment **			
Set up schedule for turn in and pick up of staff laundry **			
Receive, launder and return staff clothing **			

IMPLEMENTATION OF FIRE AND DISASTER PLAN

OBJECTIVE	MC	NMC	COMMENTS
Ensure all evacuation plans are posted near all exits **			
Locate and identify fire fighting equipment nearest to the area **			
Report fires per established procedures **			
Establish and implement fire control procedures **			
Establish and implement disaster and mass casualty procedures **			
Establish and implement evacuation plan for fire, bomb threats, air raids, etc. **			
Ensure all staff don and clear gas masks during chemical attacks **			

MC - Mission capable

NMC - Not mission capable

** - Critical indicator, **must complete** to be mission capable

SUMMARY: This functional area was found mission capable/not mission capable.

30 Sep 2002

FLEET HOSPITAL FUNCTIONAL AREA EVALUATION**SPECIALTY TREATMENT**

OBJECTIVE	MC	NMC	COMMENTS
Assemble/disassemble functional area TEMPER per the field assembly plan **			
Ensure the lay out of the functional area is used for maximum benefit **			
Observe safety precautions at all times **			
Ensure the functional area SOP is available for review **			
Locate, setup, and effectively use all unit equipment and supplies **			
Identify a medical officer and a charge nurse **			
Identify an LPO and supply PO with back ups **			
Identify two personnel to attend CHCS training			
Ensure cross training takes place on the CHCS computer			
Complete patient admissions, transfers, and discharges per command procedures and SOP **			
Ensure a hard log is maintained at all times in conjunction with CHCS **			
Perform immediate patient care using real-time while properly using equipment and supplies per established standards **			
Perform all nursing care procedures per SOP.			
Record all evaluations, procedures, and treatments in the patient's records **			
Use appropriate paperwork for lab and x-ray studies **			
Ensure ward stock reflects usage rate to prevent over or under stocking **			
Ensure all patients are transferred appropriately and in a timely fashion			
Ensure all patients are reassessed after peak flow **			
Ensure triage takes place during peak flow **			
Ensure all patients are fed per food service SOP			

FLEET HOSPITAL FUNCTIONAL AREA EVALUATION

SPECIALTY TREATMENT (Continued)

IMPLEMENTATION OF FIRE AND DISASTER PLAN

OBJECTIVE	MC	NMC	COMMENTS
Ensure all evacuation plans are posted near all exits **			
Locate and identify fire fighting equipment nearest to the area **			
Report fires per established procedures **			
Establish and implement fire control procedures **			
Establish and implement disaster and mass casualty procedures **			
Establish and implement evacuation plan for fire, bomb threats, air raids, etc. **			
Ensure all staff/patients don and clear gas masks during chemical attacks **			
Continue to treat patients appropriately during drills **			

MC - Mission capable

NMC - Not mission capable

** - Critical indicator, **must complete** to be mission capable

SUMMARY: This functional area was found mission capable/not mission capable.

FLEET HOSPITAL FUNCTIONAL AREA EVALUATION

SUPPLY (SK)

OBJECTIVE	MC	NMC	COMMENTS
Establish a marshalling plan for tentage and stuffing boxes **			
Operate 4K Forklifts safely to include the use of hardhats and hearing protection **			
Implement general supply item issue and control procedures **			
Maintain proper accountability of all supplies **			
Conduct an inventory of medical consumable supplies **			
Perform requisitioning functions of needed supplies from outside sources			

IMPLEMENTATION OF FIRE AND DISASTER PLAN

OBJECTIVE	MC	NMC	COMMENTS
Ensure all evacuation plans are posted near all exits **			
Locate and identify fire fighting equipment nearest to the area **			
Report fires per established procedures **			
Establish and implement fire control procedures **			
Establish and implement disaster and mass casualty procedures **			
Establish and implement evacuation plan for fire, bomb threats, air raids, etc. **			
Ensure all staff/patients don and clear gas masks during chemical attacks **			
Continue to treat patients appropriately during drills **			

MC - Mission capable

NMC - Not mission capable

** - Critical indicator, **must complete** to be mission capable

SUMMARY: This functional area was found mission capable/not mission capable.

FLEET HOSPITAL FUNCTIONAL AREA EVALUATION

SURGICAL SUITE

OBJECTIVE	MC	NMC	COMMENTS
Assemble/disassemble functional area TEMPER per the field assembly plan **			
Ensure the lay out of the functional area is used for maximum benefit			
Observe safety precautions at all times **			
Ensure the functional area SOP is available for review **			
Locate, setup, and effectively use all unit equipment and supplies **			
Identify a medical officer and a charge nurse **			
Identify an LPO and supply PO with back ups **			
Identify two personnel to attend CHCS training **			
Ensure cross training takes place on the CHCS computer			
Complete patient admissions and transfers per command procedures and SOP **			
Ensure a hard log is maintained at all times in conjunction with CHCS **			
Institute measures for aseptic technique at all times **			
Prepare surgical field for surgical simulation **			
Establish and maintain communication between OR and pre-operative area on patient treatment priorities **			
Prepare a surgical schedule of patients			
Ensure anesthesia is available **			
Establish and implement equipment sterilization procedures **			
Perform immediate patient care using real-time while properly using equipment and supplies per established standards **			
Perform all nursing care procedures per SOP.			
Record all evaluations, procedures, and treatments in the patient's records **			

FLEET HOSPITAL FUNCTIONAL AREA EVALUATION

SURGICAL SUITE

(Continued)

OBJECTIVE	MC	NMC	COMMENTS
Use appropriate paperwork for lab and x-ray studies **			
Ensure ward stock reflects usage rate to prevent over or under stocking **			
Attend to patients at all times **			
Establish and maintain communication between OR and ICU/RR regarding patient follow up			
Ensure all patients are transferred appropriately and in a timely fashion			

IMPLEMENTATION OF FIRE AND DISASTER PLAN

OBJECTIVE	MC	NMC	COMMENTS
Ensure all evacuation plans are posted near all exits **			
Locate and identify fire fighting equipment nearest to the area **			
Report fires per established procedures **			
Establish and implement fire control procedures **			
Establish and implement disaster and mass casualty procedures **			
Establish and implement evacuation plan for fire, bomb threats, air raids, etc. **			
Ensure all staff/patients don and clear gas masks during chemical attacks **			
Continue to treat patients appropriately during drills **			

MC - Mission capable

NMC - Not mission capable

** - Critical indicator, **must complete** to be mission capable

SUMMARY: This functional area was found mission capable/not mission capable.

30 Sep 2002

FLEET HOSPITAL FUNCTIONAL AREA EVALUATION**UTILITIESMAN**

OBJECTIVE	MC	NMC	COMMENTS
Establish a functional area per SOP **			
Ensure that the SOP is available **			
Familiarize and operate 6,000 gal water tanker **			
Setup utilities systems for base camp head and MUM units **			
Setup and operate HVAC for hospital functional areas **			
Setup and operate M-80 Water heater **			
Familiarize and troubleshoot COMMZ galley feeding system **			
Familiarize and troubleshoot laundry equipment **			
Maintain and troubleshoot all UT equipment **			
Familiarize and operate hospital sewer truck and HAZMAT truck **			

IMPLEMENTATION OF FIRE AND DISASTER PLAN

OBJECTIVE	MC	NMC	COMMENTS
Ensure all evacuation plans are posted near all exits **			
Locate and identify fire fighting equipment nearest to the area **			
Report fires per established procedures **			
Establish and implement fire control procedures **			
Establish and implement disaster and mass casualty procedures **			
Establish and implement evacuation plan for fire, bomb threats, air raids, etc. **			
Ensure all staff don and clear gas masks during chemical attacks **			

MC - Mission capable

NMC - Not mission capable

** - Critical indicator, **must complete** to be mission capable

SUMMARY: This functional area was found mission capable/not mission capable.